



Shipments of Stamped Cigarettes into Illinois

Sheet no. _____

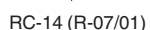
- ## Step 1: Identify your business

City _____ State _____ ZIP _____ Tax period: _____ Month _____ Year _____

Step 2: Identify your shipments

[illegible]

Grand total _____



This form is authorized as outlined by the Illinois Cigarette Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-1510